

| REPORTS INVENTORY | | | | | | CONTROL NO. <i>DD5/00-008</i> | |
|--|---------------|---|---|--|--|--|---------------|
| PREPARE IN DUPLICATE | | | | | | | |
| 1. TITLE OF REPORT (if a fill-in report include Form No.) Top Secret Inventory | | | | | | 2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING | |
| 3. FUNCTIONAL AREA | | PERSONNEL | | TRAINING | | <input checked="" type="checkbox"/> ADMIN. GENERAL | |
| | | LOGISTICS | | SECURITY | | OTHER (specify) | |
| | | MEDICAL | | FINANCE | | | |
| 4. NO. OF COPIES PREPARED 2 | | 5. FREQUENCY (weekly, monthly, quarterly, etc.) Yearly | | | | 6. DISTRIBUTION (No. of components not number of copies) 1 | |
| 7. FORMAT (memorandum, form computer print-out, etc.) Computer Print-out | | 8. ADP PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO. | | | | 9. DIRECTIVE AUTHORITY REQUIRING REPORT OC 70.5 | |
| 10. PREPARING COMPONENT (include lowest level contributing information to report) OC-GMS | | | | 11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Form 1169a | | | |
| 12. COST FACTORS | | | | | | | |
| A. MANUAL PREPARATION AND REVIEW COSTS | | | | | | | |
| GRADE | HOURLY RATE | <input checked="" type="checkbox"/> HOURS PER REPORT | = | COST PER REPORT | <input checked="" type="checkbox"/> TIMES PREPARED | = | COST PER YEAR |
| OS-07 | \$4.28 | .25 | | \$1.07 | 1 | | \$1.07 |
| B. COSTS OF COMPUTER PRODUCED REPORTS | | | | | | | |
| TOTAL COSTS PER YEAR | | | | | | \$1.07 | |
| 13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. | | | | | | | |
| 14. FUTURE GOALS | | | | | | | |
| GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE | | | | | | ESTIMATED SAVINGS MAN-HOURS DOLLARS STAT | |
| 16. DATE OF INVENTORY 5 Oct. 1970 | | 17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Communications Officer | | | | | |
| | | 18. EXTENSION | | | | | |

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